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Tumor of the Left Ovary; Large Tumor from Right Broad Ligament; Pregnancy Coexisting; Incision; Abortion.

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box 18

Presented by C. W. Dunlap

Mr. S., of Boonville, Mo., wrote me, that "his wife had ovarian tumor, and during the last two months, the tumor had increased so rapidly, that some surgical interference would have to be instituted, and that he would send her to Paris, Ky., where her parents reside, for me to operate on." In another letter, he says, "I have a medical education; (mark the historical connection with coming events); have been married three years; my wife had been in bad health before we were married; her monthly sickness had been irregular, but after taking iron, etc., she had become regular; last Spring she caught cold; menses ceased, but appeared again, and at such times, without pain."

When Mrs. S. arrived at Paris, Ky., she wrote me: "The tumor is growing so rapidly that I can not lie down, and hope you will set an early day for the operation. My husband has written you the symptoms of the

case; there is one thing I must tell you; for several years before I was married I had bad health; I had been treated for chronic disease of the stomach and bowels, but had a swelling in the left side, which had not gone away, when I was married; one year after I was married, the right side became fuller. My monthlies, both before and since I was married, were irregular, but after taking iron and tonics, they appeared again, and since that, without pain."

When I visited Mrs. S. in Paris, in company with Dr. Ray, the details of her case were much as her letter purported, except, that it was then time for her monthly sickness, and if not on her then, from her feelings it soon would be, and that her husband had written her from Missouri, that, she must recollect, that was the time for her monthlies, and if Dr. Bradford thought best, to postpone his coming until it passed off. I postponed, for the present, a minute examination, as I did finally, altogether, for a reason yet to be stated. Prior to my visit, Dr. Ray wrote me, that he had examined the case, and had diagnosed two tumors, in which, as it turned out, he was correct. On account of expected or existing menstruation, I postponed the operation two weeks, but examined carefully the tumors in the abdomen. Over the entire abdomen, fluctuation was distinct, save a space over the left side. The patient said to us then, that the distention was so great that she could not lie down, and the only sleep she got was while sitting up in bed.

On the left side of the abdomen the tumor was more dense, yet a seeming and not to be doubted fluctuation was manifest. Pressing down a little to the left of the mesian line with a continued and jostling pressue seemed to enable you to separate what appeared to be two tumors; or otherwise the cyst must be multilocular. My reason for believing that Dr. Ray's opinion was correct, and that

the case was not a multilocular tumor, was based upon the fact, that when you press steadily and firmly over a multilocular cyst, and you come to the depressions dividing the cysts, you feel the elastic resistance at that point, whilst in the other, there is no defined point on pressure, if two tumors exist, and are not adherent. Both from the account of the husband and patient, the tumor was increasing rapidly; fluctuation was unmistakeably distinct over it; while there was inability to lie down, and the only sleep that was obtained was during the sitting posture, such sleep being of short duration. The question naturally came up in my mind, if pregnancy does, by mere possibility, exist, whether is it possible, from the history of the case, for it to have existed over two or three months, and if so, will the chances of the patient be better to go on with the operation in a few days, or take the chances of her threatening condition for several months longer. I determined at once (no material change occurring), to commence the operation in two weeks. In consequence of this decision, the digital examination, the use of the sound, stethoscope, etc., etc., was dispensed with, but in this, as in many such cases, if, not adopting a certain routine, any accident happens (whether it could have been avoided or not), the public and a few illiterate physicians look upon it as the result of negligence. To those then, who are tender about their reputation, even in the face of certain contingencies, it may be well for them to go through this often useful routine, whether material to the case or not. I returned to Paris, and in two weeks there were no further developments, save that the monthly sickness did not occur. I further learned from the mother, that there was often irregularity of the monthly sickness, with fullness in the lower part of the obdomen, (on the left side) prior to marriage.

With Drs. Ray, Barnes and Fithean, selected from

among the physicians by the patient, (and here I desire to say, that no one of these physicians is in any way responsible for the operation, although no one of them, from the facts elicited, had the remotest idea that pregnancy existed, or doubted that the operation was justifiable), I commenced to operate.

When the incision was completed down to the tumor, a flaccid, watery, and exceedingly thin-walled membranous tumor was found to be spread out over the firmer one on the centre, and to the left. A little manipulation allowed me to shove this back to the right side, and come directly to the more solid part beneath. When this was done, it exposed to view an exceedingly vascular tumor of about the color of currant jelly, rugous and velvety in its external wall. The tumor extended so far up that the incision had to be extended some distance above the umbilicus, in order to examine its surroundings. The tumor, when thus exposed, was still seemingly elastic, but it struck me then, (as it has often before, in exploration to complete diagnosis, as certainly fatal in any event), that I have never seen one of this kind, where even a simple incision was made, if it was punctured, but that it proved fatal, whether an attempt was made to remove it or not. It is neither a fibrous tumor, nor is it a cystic. Sarcoma, a proper name for them, has not been chosen. They are peculiarly vascular and bleed, from the puncture of a needle or the slightest touch, astonishingly. The seeming fluctuation, however, was deceptive as usual, in this kind of tumor, and the trocar four inches in length, was plunged into it. Not a gill of water escaped, but it continued bleeding, so much so, that I drew the orifice, made by the trocar, as closely together as I could, by the "shoemaker's stitch."

A tumor like this I recently encountered in Glendale, Ohio. Drs. Comegys and Blackman had been in consul-

tation in the case. Capt. Haldeman came to Augusta, to have me examine the case, and in connection with Prof. Wood, we proceeded to the examination. After the usual tests and manipulations by both of us, Dr. Wood coincided with Profs. Comegys and Blackman, that it was disease of the uterus, but said candidly, that he was not quite sure, and nothing but an exploratory incision would decide it. I had taken the ground that it was an ovarian tumor, but that it could not be removed in all probability. I made the incision, Prof. Wood assisting, when a tumor like the one I have described, (ovarian), but connected and adherent firmly to the womb, was exposed.

From former cases of this nature, the fact flashed upon me, with a "flesh quake," such as comes at times, that the tumor could not be removed. At once, however, I proceeded to examine the surroundings. Running the hand around on the left side, I found the base of the tumor adherent to the peritoneum and portion of the pubis upon its outer wall; then searching for the womb, it was found unusually enlarged, and as I thought then, the size of a cocoanut, with the left wall of it completely adherent to the tumor; making on that side a common wall. The womb was immediately under, and to the inner side of the tumor, and rising some distance out of the pelvis. At this juncture, I directed Dr. Barnes, who was standing near me, to examine the connections of the womb; he did so, and was, I believe, the only one of the physicians who did. Extending the examination to the flaccid and watery tumor, I found the tumor to be from the broad ligament, and not from the ovary. This tumor was very large, and would have probably yielded, in weight of fluid, twenty pounds. Prof. Simpson, Dr. Wilson Fox and Mr. Spencer Wells, with their large experience, are not correct in asserting,

that such tumors rarely attain the size of the human head; I have a tumor in my office of twenty-four pounds weight, removed in Bracken county, Ky., (Drs. Moore and McMillen present), with the ovaria removed in the normal state.

I did not tap the flaccid tumor, from the fact, that I believed the tumor would prove fatal in any event, and if the patient recovered, it could be tapped, with appropriate remedies for its subsequent removal. I closed up the wound and in two days after, abortion ensued. The poor woman died some twenty-four hours after. I regret for the better satisfaction of the profession, that no post-mortem was allowed. The incision, however, was of such extent, as to establish beyond a doubt, its true character, etc., etc. I confess, that whilst I should like to have done better, I did not know how I could (surgically) have done less.

For the past ten years I have had but little inclination to make a display of my cases of ovariotomy, much as I have had to do with this subject, and much as I have been interested in it. Of the last nineteen completed operations, I have not published one; the success of these, and the former ten, I leave for the present, to the limited area in which they were performed. But now, that I have had one marked case and one shrouded in the peculiar mystery, in which this branch of surgery is occasionally involved, dubious perhaps, as to proper surgical procedure, I hasten to give a faithful account of it.

Dr. Thomas, in his recent and able work on "Diseases of Women," says in regard to ovariotomy: "It is not only difficult but utterly impossible, even for the most capable and accomplished diagnostician to arrive at a certain conclusion. Experienced operators have opened the abdomen under erroneous impression as to the nature of the tumor, and absolutely removed the morbid

growth and the womb from which it grew, before a diagnosis was made."

When the distinguished Sir Astley Cooper and Dr. Highton, of London, fixed a day to tap a patient for ovariotomy; the day before the tapping, the patient gave birth to a child. (Brown's Surgical Diseases of Women, p. 170). It was looked upon then as wonderful negligence; but now that similar mistakes have occurred to the best operators, and that such unpublished cases, are in numbers, legion, it has become an acknowledged fact, that he who has followed the routine of ovarian tumor, diagnostics, with their varied and often complicated phases, and has not met with deceptive occurrences in diagnosis, however well "winnowed his thoughts," searching his scrutiny or strong his apprehension, is some Messiah, whose history is yet to be written.

Lizars, of England, assisted by the ablest men of London, made an incision for ovarian tumor; no tumor was found, but obesity the only result. (Edin. Med. and Surg. Jour., 1824, vol. xxii.)

King, of England, made an incision of eight inches for ovarian tumor. After twenty minutes search in the abdomen; no tumor could be found. (London Lancet, Jan. 1837.)

Prinel diagnosed a case of ovarian tumor; operation; fifth day patient died. The post-mortem revealed a pediunculated tumor of the spleen. (Am. Jour. Med. Sci. for October, 1852.)

Dr. Henry Smith relates a case, where an incision of eight inches in length was made for ovarian tumor; both ovaries were found to be sound, and indurated omentum found to be the source of the error. (Phila. Med. Exp., Jan., 1855.)

Smith and McDowell; patient tapped ninety times; diagnosis considered certain, as to ovarian tumor; no

tumor found, but a mass of intestines matted together, with fluid.

In the Appendix to Cooper's Surgical Dictionary, Lyman relates the case of Boinett, where the best surgeons were unable to decide as to the character of the tumor. The consultation being among the most eventful of the age; consisting of Roux, Blondin, Montaine, of Lyons, Recamier, Jobert, Martin, Solin, and others; opinions were divided as to ovarian tumor, uterine disease and pregnancy. The tumor disappeared after an attack of diarrhœa.

Harvey presented a case to the London Medical Society, where ovariotomy was determined on; patient died suddenly; no tumor found, but an hydatid cyst connected with the liver. (Am. Jour. Med. Sci., October, 1852.)

Dr. Philip Buckner, (originally from Kentucky, and to whom I am indebted for my first sight of ovarian tumor, 1845), diagnosed a case as ovarian tumor; made an incision of nine inches; no ovarian tumor found, but a tumor situated in the mesentery. The tumor was dissected out; the superior mesenteric artery and other small arteries were tied. Patient recovered. This, says Mr. Brown, of Edinburg, is the most hazardous feat of operative precedure I am acquainted with; in which our transatlantic brother has surpassed us.

Dr. T. Gaillard Thomas says, "on one occasion I had a patient presenting all the usual signs of fluid ovarian tumor so perfectly that Dr. Peaslee, Loomis, Budd and myself had no doubt as to the fact; upon incision and tapping, no fluid was found; upon removing the tumor, no one could be convinced that its contents were not fluid, except by sections of the mass."

Dr. Peaslee and Dr. John O'Riley have had similar cases. (Thomas' Diseases of Women, p. 588.)

Dr. Burd; patient had a tumor of twelve and a half

months growth; swelling irregular and apparently solid; health good; no signs of pregnancy; cyst removed; womb found to be three or four months pregnant; abortion ensued the second day; the placenta gave evidence of their having been hæmorrhage, and this was mistaken for menstruation, in deciding upon the operation. (London Lancet, 1847—Lyman.)

Dr. Frederick Bird cites the case of a tumor of sixteen years standing. Seven years of that time, menses did not occur; pressing necessity required the operation; no pregnancy; recovered. London Med. Gaz., vol. 32.)

Galenzowski; patient had a tumor of two years growth; not removed; seven months pregnant; abortion; lingered some time; ultimate result not known. (Med. Gazette, vol. v., 1829.)

Dr. Twofford; two tumors; one adherent to the womb, the other extra-uterine; the latter containing the limbs and trunk of a child; the head and upper extremities having passed into the general cavity; patient recovered; nothing said of menstruation. (Rankin's Abstract, vol. ix., p. 279—Atlee.)

Dr. Washington Atlee, of Philadelphia, operated for ovarian tumor; patient was two months pregnant; no miscarriage; died of starvation. (Transactions Am. Med. Asso., 1851.)

Dr. Frederick Bird operated for ovarian tumor; no signs of pregnancy; abortion second day; recovered and had a child subsequently. (Medico-Chir. Trans., vol. 30.)

From a hasty reference to my case-book, I give these exceptions to correct diagnosis in ovarian tumor. With a little time, their number might be increased to a small sized volume. They are sufficient, however, to illustrate how difficult it is at times, under circumstances of such complicated contingencies as may arise, to arrive at the undisputed result of accuracy. The best of surgeons, in

this class of diseases, as all surgical history teaches, must learn, that "he that thinketh he standeth, take heed lest he fall."

Our own distinguished operator, Dr. Washington Atlee, with the leading operators of Europe, have actually operated, not only where supposed pregnancy did exist, (deciding between the lesser or the greater risk), but where, after careful investigation, they felt sure in the belief that pregnancy did not exist. In the statistical reports of Sir Robert Lee, Atlee, Lyman, J. Clay and Peaslee, the cases of pregnancy complicated with the ovarian tumors are numerous, and operations for ovarian tumor, (with the undisputed accuracy of leading operators and diagnosticians), have resulted in discovering of the complication of pregnancy, after the operation was commenced. These facts should comfort all surgeons who may have the misfortune to make a faulty diagnosis.

It is said by the historian, Macaulay, that the "history of the errors and mal-administration of governments, are essential to the generation which follows;" so it is with ovariotomy; but whether the present case will receive that charitable deduction incident to its eventful history and peculiar collateral concomitants at the time of the operation, it nevertheless, must have its instructive lesson, of increased caution and diligence for the future.

An examination, per vaginam, is by no means a sure test of pregnancy, and if an operator has decided, as has often been done, to go on with an operation from the contingencies which may have arisen, whether pregnancy existed or not, why the necessity for this or other tests?

The medical jurisprudence of the age teaches us how difficult it is sometimes to determine pregnancy, even where there are no tumor complications. I know of an unpublished instance, in this State, where a young lady of respectable family, had swelling of the abdomen, with

such health as to confine her to the bed. A shrewd old lady, who was in the habit of visiting her, unguardedly said, "there is something living inside." The report was thus commenced, and during its gossiping rounds, a grave and able medical board was summoned; on this was a prominent man of this State; after several hours consultation and examination, the verdict was—"a foul slander." The result was, that in three months more, with all the blistering, hot fomentations and poultices, that the genius and skill of this medical board could bring to bear upon the swelling, it would not "down," until nine calandar months had duly passed, since the period of its commencement. It then subsided, and when the doctors examined the cause of this subsidence, it proved to be the birth of a—male child.

For the past fifteen years I have devoted much time to this branch of surgery. Reading all that I could find, which pertained to it, and avoiding, as far as possible in my operations the "quick sands," which encumber it; but I confess, sincerely, that no case (within my knowledge) which has occurred in any country, has developed the same peculiarity, or is more instructive to the diagnostician. We have here, from patient, husband and examining physician, not a symptom or vistage of pregnancy—menstruation declining and occurring, and reoccurring closely, if not up to the time of the operation; a flaccid, floating tumor from the broad ligament of the right side, spreading over the tumor of the left side, as well as the womb; with fluctuation over almost the entire abdomen, distinct and unmistakeable, and yet, pregnancy existed.

I make the following deductions from this case; that the peculiar condition of the patient, (leaving out her singular history) justified the commencement of the operation, with or without the possibility of pregnancy.

That in no event could the life of that patient have been saved, and only in one, could it have been prolonged, even for a time. Mmenstruation occurred for some time before the operation, it occurred at regular periods, as is evinced by the expectant period when I first visited the patient, and if the discharge was from the placenta, how strange, that it should have occurred at given periodical periods.

From the relative position of the tumors and the womb, could the most delicately applied tests (taking into account the history of the case), have detected pregnancy; and if detected, by the merest possibility, what should have been done? Leave the patient to the emergency of the encroaching tumors and growing womb, or take the remote chances of the possibility of preg- with its results?